

PURSUANT TO THE STANDING ORDER REGARDING IFP
APPLICATIONS SIGNED DECEMBER 20, 2005:

Verification of income or the lack of income is required when requesting that a fee be waived. **Please attach a copy of your most recent paycheck stub, W-2 form, most recent income tax form, proof of receipt of public assistance, etc. to this form.** Pleadings must also be attached. The IFP application will be returned to the applicant if this information is not provided.

All IFP's expire one year after the judicial officer's signature. If a party requests services from Special Courts that have fees attached (i.e.: filing documents, providing copies, etc.) and the IFP on record was signed by a judicial officer over one year ago, the party must either pay the appropriate fee(s) or request another IFP.

Return completed forms to:

Ramsey County Domestic Abuse/Harassment Office
Juvenile and Family Justice Center
25 W. 7th Street #122
St. Paul MN 55102

State of Minnesota**District Court**

County
Ramsey

Judicial District: Second
Court File Number: _____
Case Type: _____

Plaintiff/Petitioner

vs.

Defendant/Respondent

**Affidavit for Proceeding
In Forma Pauperis
(Minn. Stat. § 563.01)**

PURSUANT TO THE STANDING ORDER REGARDING IFP APPLICATIONS SIGNED DECEMBER 20, 2005, VERIFICATION OF INCOME OR THE LACK OF INCOME MUST BE ATTACHED TO THIS AFFIDAVIT. THIS APPLICATION WILL BE RETURNED IF THIS INFORMATION IS NOT PROVIDED.

1. I am a party in this action. I am a natural person (not a corporation, partnership or other entity). In good faith, I request a court order waiving court fees and costs. I cannot support my family and myself and also pay or give security for costs.
2. I believe that I have valid reasons for pursuing this action. **My pleadings** (the Petition, Complaint, Answer, Appeal or other pleading) **are attached.**
3. a. ☐ I am receiving public assistance under one or more of the following **means-tested** programs:
 - ☐ SSI and/or MSA (The Supplemental Security Income and Minnesota Supplemental Assistance Programs);
 - ☐ MFIP (Minnesota Family Investment Program);
 - ☐ Food Stamps;
 - ☐ General Assistance or Discretionary Work Program;
 - ☐ Medical Assistance or General Assistance Medical Assistance;
 - ☐ Energy Assistance;
- b. ☐ I am receiving public assistance under some other means-tested program: (Name the program)

I have attached proof that I receive public assistance (such as the benefit statement from the agency). *If you checked #3a. and receive help under one of the listed programs, skip to the signature line on page 2. If you checked #3b. and receive some "Other" means-tested assistance, go to Question 4.*

4. ☐ I am represented by attorney _____ on behalf of _____
_____ a civil legal services program or volunteer attorney
program, based on indigency. *If you checked #4, skip to the signature line on page 2.*
5. My family size is _____. (Include yourself, your spouse, your minor children, and other dependents in your household.) For my family size, I counted myself and (list all others):

Name	Age	Relationship to you

